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**Official Report
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Tuesday 8 April 2014

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des débats
(Hansard)**

Mardi 8 avril 2014

**Standing Committee on
Social Policy**

Ryan's Law (Ensuring
Asthma Friendly Schools), 2014

**Comité permanent de
la politique sociale**

Loi Ryan de 2014 pour assurer
la création d'écoles
attentives à l'asthme

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON SOCIAL POLICY

COMITÉ PERMANENT DE LA POLITIQUE SOCIALE

Tuesday 8 April 2014

Mardi 8 avril 2014

The committee met at 1603 in committee room 1.

RYAN'S LAW (ENSURING ASTHMA FRIENDLY SCHOOLS), 2014 LOI RYAN DE 2014 POUR ASSURER LA CRÉATION D'ÉCOLES ATTENTIVES À L'ASTHME

Consideration of the following bill:

Bill 135, An Act to protect pupils with asthma / Projet de loi 135, Loi protégeant les élèves asthmatiques.

The Chair (Mr. Ernie Hardeman): I call the April 8 meeting of the Standing Committee on Social Policy to order. We're here this afternoon to hear public delegations to Bill 135, An Act to protect pupils with asthma.

ONTARIO LUNG ASSOCIATION

MS. SANDRA GIBBONS

The Chair (Mr. Ernie Hardeman): Our first presenter this afternoon, right after my apologies for starting late, is the Ontario Lung Association, Sandra Gibbons.

We welcome you here this afternoon. You'll have 10 minutes to make your presentation, and if we're going to have different speakers, if you would just introduce yourself for Hansard when you start your presentation. You'll have 10 minutes, and then we'll have questions from each caucus to a total of 20 minutes for the presentation.

With that, the next 10 minutes are yours.

Ms. Sandra Gibbons: My name is Sandra Gibbons. I'm Ryan's mum. I just have something here that I need to share. Imagine—

Interjection.

Ms. Sandra Gibbons: Yes, on the video.

Video presentation.

Ms. Sandra Gibbons: To this day, I still don't know exactly why my son suffered such a sudden, severe asthma attack.

Since Ryan's death, I have discovered that the school board in my area has a policy that forbids children from carrying their prescribed medications. This includes the emergency inhalers used by children with asthma.

I know that the staff at the school did everything they could to help Ryan and that they were devastated by what

happened, but dealing with the death of your child is more traumatizing than you can imagine. It has helped me through this difficult time by working with my MPP, Jeff Yurek, and the Ontario Lung Association and by being here today to speak of Mr. Yurek's bill to make our schools safer places for children with asthma. This may be able to prevent another family from going through what I have.

As you discuss Ryan's Law, I want you to remember that asthma is a serious lung disease and that an attack can happen at any time and without warning. I want you to remember Ryan and realize just how dangerous an asthma attack can be, and I want to tell everyone involved in caring for children with asthma to pay attention and do everything you can to make their world a place where they can breathe safely and freely.

So when the question is asked, what does Ryan's Law mean to me, I respond with this: Ryan's Law, Bill 135, is to ensure a safe environment for asthmatics at our schools. The individual plan for a pupil with asthma must include details about monitoring, avoidance strategies and appropriate treatment, a readily accessible emergency procedure for the pupil, and details relating to the storage of the pupil's medication. If our schools had the appropriate education and training on how to respond to an asthma emergency and are able to recognize the signs and symptoms of an asthma attack prior to it becoming fatal, this day, October 9, 2012, I believe, would not have turned into a tragic loss of my son's life.

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Ryan's Law will entail individual student emergency plans, which are provided by the parents of the individual student, as every asthmatic pupil is different and not always at the same severity level.

I know that the training and education on asthma will become an asset, considering that one in five children suffers from this lung disease. It is necessary to have an asthma prevention plan for both parents and teachers to become more aware and communicate how to put into action the best way to treat that individual student during school hours. I believe the appropriate information provided from the child's parents and physician is crucial to management and care for that individual student.

I ask that the Legislature pass Ryan's Law so that we can have safer schools for our asthmatic children, better communication, emergency plans, education, response training, and allow students to carry their rescue inhalers on their person.

The Chair (Mr. Ernie Hardeman): Thank you very much. Someone else wishes to speak?

Ms. Carole Madeley: I'm Carol Madeley with the Ontario Lung Association. First, I need to thank Sandra for her very courageous voice on behalf of all children in Ontario who suffer with asthma at school.

The Ontario Lung Association supports Bill 135. The Ontario Lung Association recommends we initiate Ryan's Law for students with asthma, and then broaden it later to include the results in the recommendations from OPHEA based on their needs assessment related to multiple medical conditions. This will ensure a safe school environment for all children living with a chronic disease.

One in five children in Ontario has asthma—20% of our children. Less than 2% suffer from diabetes, anaphylaxis and epilepsy.

Our issue is urgent, and we appeal to you to consider Bill 135.

The Chair (Mr. Ernie Hardeman): You have about a minute and a half left. Any further comment? If not, we thank you very much for your presentation. We will now have about three and half minutes from each caucus. We will start with the official opposition, Jeff Yurek, the sponsor of the bill.

Mr. Jeff Yurek: Thanks, Sandra and Carole, for coming out today. It's very important to hear your voice with regard to Ryan's Law, Bill 135.

Sandra, I want to thank you for being a really strong advocate for children with asthma and for being a voice for your son after he has passed on. Our thoughts and prayers are always with you, every day. I watch your Facebook page continually, and you're quite active in being a strong voice, so please keep it up. Thank you very much.

Carole, I just have a question for you. I know OPHEA has a plan of action going forward, a study, to include other disease states. I think everybody who has even spoken during our debate—that we're all for that in the Legislature, to carry that further. But should Ryan's Law wait until OPHEA comes forward with the other recommendations?

Ms. Carole Madeley: Because we have 20% of our children in Ontario who suffer with asthma and less than 2% who suffer with diabetes, anaphylaxis and epilepsy, I feel that we need to start somewhere. Definitely, with 20% of our children with asthma, we need to start with asthma. So I would like to see us start Ryan's Law with asthma and then broaden it to include the other multiple medical conditions that occur in our children at school, because it is very important that we ensure a safe school environment for all children living with a chronic disease.

Mr. Jeff Yurek: So, just to follow up, going further, if we were to get Ryan's Law passed through committee and passed through the House within the next month—which I would hope for—it's quite possible that we could have children having their asthma inhalers on their person come this September.

Ms. Carole Madeley: Yes.

Mr. Jeff Yurek: Tell me a bit about what happens in September with asthmatics, with regard to exacerbations and such.

Ms. Carole Madeley: There have been several studies, over a long time, which indicate that we have what's called the September spike. Children are heading back to school—some of them sharing viral infections and sniffles; some of them may not have used their medications on a regular basis during their vacation, during the summer—and we have a spike in asthma symptoms in September. This spike has been well documented in research for several years.

Mr. Jeff Yurek: So trying to get this enacted as soon as possible, as early as September, will help alleviate any further—

Ms. Carole Madeley: It certainly will help with the September spike that we see every year. Our emergency departments and our primary care doctors see more children with asthma in September because of the spike.

Mr. Jeff Yurek: Great. I just want to thank you and the lung association for your support of Bill 135. I appreciate your ongoing advocacy for those with asthma.

Ms. Carole Madeley: Thank you very much.

The Chair (Mr. Ernie Hardeman): For the third party, Miss Taylor.

Miss Monique Taylor: Thank you, Sandra, for being here today and for being so brave. As a mother, I can't even imagine—I think that's pretty much enough said.

I just actually have one question of you, Carole. What are the risks of asthma medication if a child was to take too much? What happens? Do you know what I mean? If we're going to allow children to have their puffers—I know it will be a big part on the parents to make sure the child is very disciplined with their medicine, because it's not a toy. But I can just see that child saying, "I got my puffer. I need a puff. I need a puff." What are the side effects of that happening?

Ms. Carole Madeley: I think what is important, first of all, is that when you decide, "Let's have inhalers at school," it's not just a matter of letting children have inhalers at school. There needs to be an entire educational campaign that goes along with, "Let children have their inhalers at school." You need to not only have support from the parents who are on board with it, and education of the parents, but you also need the school environment and the child. So it really does take a partnership to make this happen.

It's important that the child understands the use of their medication.

Miss Monique Taylor: Of course.

Ms. Carole Madeley: A lot of children get a diagnosis of their asthma at a very young age, so you often will see little babies with little masks on their faces getting treatment. Then we switch to puffers with spacing devices. So these children know about their medication. Usually by the time they are school age, they understand their medication.

Why I mention the spacing device is because the puffer itself is not an easy device to use without adding the spacing device. It's a valved holding chamber that we add to the puffer. If it's not taken properly, 95% of the medication will just get shot to the patient's mouth and to the back of their throat. In order to deliver the medication properly and get it down to the airways, children really do need to have this spacing device.

So a child taking a puffer and just shooting it into their mouth—let's say little Johnny picks up the child who has an asthma puffer and shoots it into his mouth. The child will not have proper inhalation technique and will shoot 95% or more of that medication onto their tongue and to the back of their throat, and there's no side effect to that.

I think the concern is not so much overuse of the puffer. I know, for instance, that if an adult takes their puffer and takes too many puffs, it can increase their heart rate. But again, it means that you're using it properly. If the adult shoots most of it into their mouth, it won't increase their heart rate—only if it's taken and inhaled properly.

Miss Monique Taylor: So there isn't—

The Chair (Mr. Ernie Hardeman): Thank you very much. That concludes the time.

Mr. Balkissoon.

Mr. Bas Balkissoon: I want to say, Sandra, thank you very much for being here and sharing your thoughts with us. We do appreciate that you continue the advocacy work on behalf of Ryan. Thank you for being in front of us.

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I have a question of Carole. You mentioned the OPHEA needs assessment, and you also mentioned that you would rather see us proceed immediately rather than wait for that assessment and the recommendations to come out on how we deal with chronic diseases with children in school, especially management and with the school staff and their training and everything else.

Wouldn't it be more appropriate, though, that the government work with the school boards to provide that training once—and that it's broad in scope, extensive, and well understood—rather than embark on a single asthma process now and then have to go back later and do other chronic diseases that are also necessary at this time in the schools, when the government is already working with OPHEA to find that comprehensive process to work with school boards?

Ms. Carole Madeley: I think the answer to that is that it's going to be the complication of trying to teach all of the diseases at once. You're talking about anaphylaxis and diabetes. Diabetes is very different than anaphylaxis, and diabetes is very different than asthma; and epilepsy is very different than diabetes and asthma and anaphylaxis. So they are very important.

Don't get me wrong: I really do believe that we need to have a safe environment for all children with chronic diseases. I definitely believe that. But we need to start somewhere.

We have 20% of our children with asthma. From an educator's perspective—I'm also a certified respiratory

educator—it's probably easiest to teach one element at a time. We have several adults living today with chronic—a lot of co-morbidities, and we understand how difficult it is to try and teach people with complex co-morbidities.

Again, I still feel like it's a lot of education all at once, and they're very different diseases with very different needs.

Mr. Bas Balkissoon: But wouldn't you agree with me, though, that a principal at a school, or a school board, having to deal with this more comprehensively and put one plan out there, rather than dealing with a small piece today and another piece tomorrow and another piece next month—it's much more complex to administer than if we have to administer one comprehensive process.

Ms. Carole Madeley: Yes, and good education takes time.

Mr. Bas Balkissoon: Okay, thank you very much. I don't know if my colleagues have questions—

The Chair (Mr. Ernie Hardeman): No. Thank you very much. That concludes the presentation. Sandra, I want to thank you for being here and sharing your story, and I want to thank all the presenters for being here. It will be quite helpful as we move forward with Bill 135.

Ms. Carole Madeley: Thank you very much.

The Chair (Mr. Ernie Hardeman): Thank you.

ONTARIO PRINCIPALS' COUNCIL

The Chair (Mr. Ernie Hardeman): Our next presentation is the Ontario Principals' Council: Bob Pratt, president.

Thank you very much, Mr. Pratt, for coming in to present to us this afternoon. As with the previous delegation, you will have 10 minutes to make your presentation. After the 10 minutes we'll have questions and comments from all three caucuses, for about three minutes, to use up the 20 minutes. So with that, the floor is yours, sir.

Mr. Bob Pratt: Thank you, Mr. Chair, for allowing us the opportunity to present today. My name is Bob Pratt, and I am the president of the Ontario Principals' Council, OPC. I have been an educator for 34 years, 20 of those as an administrator.

I'd like to thank Ryan's mom, Ms. Gibbons, for sharing her story with us today.

I'm pleased to see a number of MPPs here today whom we have had the opportunity to meet with over the years, through our Principals' Day at Queen's Park advocacy program and through other events.

The Ontario Principals' Council represents almost 5,500 principals and vice-principals in Ontario's public, elementary and secondary schools. We have many years of front-line experience working with students in a variety of situations.

I'd like to thank Mr. Yurek for bringing forward this very important piece of legislation, and for his efforts, through this bill, to prevent another student tragedy from occurring in any school.

We were pleased to have the opportunity to talk with Mr. Yurek before the bill was introduced, and to provide some input on how such a process would work in schools. We've noted that some of our concerns were addressed in the revised bill.

Our students are our kids. We act in loco parentis, which means "in the place of a parent," knowing that parents entrust us with their most valued treasures every day in our care.

Every day, schools deal with the recurring or emergent medical conditions of many of our students. We work with families to ensure that the needs of students are met and that the directions of medical professionals are followed. It's important to have the involvement of a medical practitioner in these situations since we are educators, not doctors. We can work with families to follow instructions, but we need those directions clearly defined by a physician.

Principals and vice-principals support allowing students to carry their asthma medication with them while they're at school if they have parental permission and the approval of their physician to do so. However, we also think that it would be imperative that all students who do decide to carry their asthma medication with them must also have a duplicate current device, such as a puffer or an inhaler, at the school office as a backup to ensure school staff can be ready to assist if it is necessary.

For the safety of students and to make it workable in schools, the individual plan proposed in the legislation that is to be maintained by the principal must be informed and directed by the student's physician and include clear physician direction about how the school should respond in the case of an emergency.

If the Legislature decides to move ahead with this bill, we recommend that the act include a definition of asthma and a requirement that this legislation apply to those students who have been formally diagnosed with asthma as defined in the act by their physician.

Our biggest concern is that, while the intent of this bill is important, it deals with one medical condition: asthma. The reality is that schools are dealing with an increasing number of current and emergent medical illnesses and conditions every day, of which asthma is only one.

We recommend that the Legislature develop a single, overarching piece of legislation that would cover all student medical issues instead of developing separate pieces of legislation for each one. It's not effective, efficient or practical for schools to be expected to follow different guidelines and procedures for different medical conditions. It is definitely not in the best interests of students either.

The safety and well-being of our students is every principal's top priority, but we must ensure that any legislation is workable in schools. By mandating that diagnosis and treatment plans be directed by a medical professional and by putting in place legislation that covers all possible medical conditions, we can achieve that goal.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We will have about three and a half minutes for the third party. Mr. Mantha.

Mr. Michael Mantha: Good day. Thank you for coming in. You talked about a number of current and emergent medical illnesses. Are there any as high as the 20% that have been identified here through asthma?

Mr. Bob Pratt: I'm sorry? Again?

Mr. Michael Mantha: Are there any other illnesses or emergent illnesses that are as high as the 20% that we have through asthma?

Mr. Bob Pratt: I'm not a medical expert, so I'm probably not comfortable to answer that question. We only know what presents itself at the schools.

Mr. Michael Mantha: Okay. I see the challenges that the school might have in regard to preparing teachers, schools, in order to be able to react to all the illnesses or the emerging illnesses. Wouldn't this potentially be a good stepping stone to start with as one step towards others that are coming up and preparing teachers to look at this one, but also going ahead, moving forward? Wouldn't it be good to start with this as a first step and then add on or amend or move towards other legislation to include the other ones that would come in, in order to prepare teachers or, in the schools, to address the illnesses of children?

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Mr. Bob Pratt: You ask the question of moving ahead. As I've mentioned before, our suggestion—and when we spoke to Mr. Yurek—is to encourage that single overarching piece of legislation. While we encouraged a very similar approach to Sabrina's Law, with anaphylaxis, there are some subtle differences within there. The challenge at the school level is that even when the policies and procedures are put in place, there are subtle differences.

Our primary goal is to ensure student safety, and that students are dealt with in the most prompt and accurate way possible. But what we don't want to have happen is for someone trying to second-guess which piece of legislation they are following to make sure that they're doing the right thing for that student. When they talk about the training process, to principals and also to teachers, that would be extremely important.

Mr. Michael Mantha: All right. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you. Ms. Jaczek?

Ms. Helena Jaczek: Yes. Thank you for coming, Mr. Pratt. As the president of the Ontario Principals' Council—we've had Sabrina's Law for a number of years; Ryan's Law is very much modelled, as we know, on Sabrina's Law—how does the Principals' Council ensure uniformity across the province in terms of how school boards approach, shall we say, Sabrina's Law? There has been some inconsistency, perhaps, and I think, going forward, we always want to follow best practice. So what is the mechanism to ensure best practice currently with Sabrina's Law and potentially with Ryan's Law in the future?

Mr. Bob Pratt: The Ontario Principals' Council represents the 31 public school boards, and each of those public school boards has their own individual interpretation or policy or guideline as to how that would be implemented for the anaphylaxis training and/or Ryan's Law training, depending upon how that would work.

Our position is that we represent the principals, but the principals are employed by the individual school boards, and they're obliged to follow the guidelines or the operating procedures of those boards or else they place themselves at risk.

Ms. Helena Jaczek: So there's no overarching Ministry of Education best practice that goes out to the school boards?

Mr. Bob Pratt: I believe that if you follow the legislation, it states that boards "shall" develop a policy. But there are some subtle differences between boards as to what those policies might actually look like.

Ms. Helena Jaczek: Okay. I'd just like to follow up a little bit on Mr. Mantha's point. Carole Madeley made a very strong argument for passing this legislation because of the numbers involved and the potential urgency in terms of next September. As we add potentially other chronic diseases, in terms of an educational point of view, in fact all these diseases are quite different and their treatment plans are different, and this in fact would be preferable: a step-wise approach to extend the legislation. You, as an educator: How do you feel about that argument?

Mr. Bob Pratt: I think the key point to my statement that we made earlier is that schools—the principals partner with the parents for the safety of the child. But the ultimate decision in terms of the diagnosis and the treatment plan lies with the medical professional, and that's the piece that we strongly, strongly support being in place. The principal can hold or can manage the treatment plan, but we can't develop it.

While we're responsible to maintain that plan, we need help. We do not know the depth or the extent of the challenge, and some of our challenges as principals are that parents may overestimate or overextend the diagnosis or the challenge of the child, or they may underestimate or under-present the challenges. We're obliged to do the best possible that we can for the students. So—

The Chair (Mr. Ernie Hardeman): Thank you very much. With that, Mr. Yurek.

Mr. Jeff Yurek: Thank you, Mr. Pratt, for coming in again. I just want to go over—I mean, the government's saying it would be so hard for the principals to enact a new regulation every month. I've been working on Ryan's Law for over a year for one medication. How long do you think it would take for the government to do all their studies, to talk to each association and come to a consensus on a bill to cover all four disease states? How long do you think kids are going to have to wait in our schools to be able to hold their inhalers?

Mr. Bob Pratt: What we're suggesting is that in terms of the policies, with each individual board, that can dictate if the students are allowed or not to carry those

inhalers, or their puffers, to school. I don't believe it would require legislation in order to change that. That would be something an individual board might be able to do on their own.

We acknowledge completely—my own daughter has asthma—the challenges that exist with this. We also understand your point exactly: It takes a long time to prepare and to pass a bill. But what we do not want to lose sight of is the fact that Ontario students in Ontario schools do need a single overarching piece of legislation that would cover not only the current, but those emerging conditions that may evolve over time.

Mr. Jeff Yurek: I would agree to that, but I think the overarching thing that we need to be looking at is student safety. The sooner we can get these puffers into our children's hands at school, the sooner they're going to be safer. So I'm going to be a little harsh on this. We need to pass this bill as soon as possible. It's done; it's ready to go.

But I do want to make note: An overarching bill for—diabetes, epilepsy, asthma and anaphylaxis all have different treatment modes to go through. Anaphylaxis can be self-administered, or, if the child has passed out, you can administer it with a teacher. Epilepsy: Most likely, they'll be having a seizure. They'd need rectal drug use. They can't do it themselves. Diabetes: too low blood sugar; they need a glucagon injection. Again, it's going to be up to teachers to probably inject that. Asthma: self-medication—they won't need the teacher's help or the principal's help. All they need is the puffer on their body.

Mr. Bob Pratt: And we said before: We support that students should be able to carry those puffers to school if they have the parents' permission and the physician's approval.

Mr. Jeff Yurek: Thank you very much.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation this afternoon. It was a great help to us.

Mr. Bob Pratt: Thank you.

ASTHMA SOCIETY OF CANADA

The Chair (Mr. Ernie Hardeman): Our next presenter is the Asthma Society of Canada: Robert Oliphant, president and chief executive officer, and Noah Farber, director of government relations. Thank you very much, gentlemen, for your presence this afternoon. As with the previous delegations, you will have 10 minutes to make your presentation. You can use any or all of that. At the end of it, we will have questions from each caucus, or questions or comments, to use the other half of the 20-minute presentation.

With that, your 20 minutes start right now.

Mr. Robert Oliphant: Thank you, Mr. Chair, and thank you, members of the committee, for this opportunity to present as you consider Bill 135.

I want to thank you first for your public service. I have been on that side of this kind of table before, and I know

what it's like to consider bills that you might not know very much about and are constantly learning about. So I want thank you for everything that each one of you does for the people of Ontario and particularly for the children of Ontario.

I want to thank the member from Elgin–Middlesex–London as well, particularly for this Bill 135. I think that his professional expertise as a pharmacist as well as his commitment to the well-being of young Ontarians with asthma is very much appreciated by the Asthma Society of Canada. Thank you very much.

I also want to thank Sandra Gibbons and the Ontario Lung Association for their presentation, which really have brought us here today. It is moving, thoughtful and important work that they are doing.

The Asthma Society of Canada has a 40-year history of trying to be the evidence-based scientific and medical group which offers a balanced voice for people with asthma. We are a group that is patient-driven through the National Asthma Patient Alliance and present ideas to industry, to government and to anybody who can make policies that might improve the lives of people with asthma.

As you've heard, asthma is by far the most prevalent chronic illness among children. My remarks are in your packages, so you don't need to remember these numbers, but in 2011, 239,000 children under 10 were diagnosed with asthma. An additional 418,000 children between the ages of 10 and 19 had asthma. Those are diagnosed by physicians, not self-diagnosed. Those are actual diagnoses.

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Asthma continues to be the most common reason for hospitalizations and emergency department visits for children in Ontario, with 4,261 children under 10 being hospitalized, and over 1,000 children and youth between 10 and 19 being admitted.

Not only admissions, but over 12,000 children have under the age of 10 have gone to emergency departments in one year, and over 5,000 teenagers in that same period. That is a lot of scared children and worried parents. Children still die of asthma attacks. The most recent figures we have on this is for 2008, but there are 5.4 deaths for every 100,000 cases of asthma and 10 asthma-related deaths per 100,000. On October 9, 2012, Ryan Gibbons was one of those children who died. We believed that that might have been an avoidable death.

I'm sort of like the Hair Club for Men. I'm not only the president; I'm also a client. I have asthma. I have what is called atopic, or allergic, asthma. It's triggered by environment factors like mould, dust mites, pollen and cat dander. My colleague Noah beside me has asthma as well. His is triggered by exercise or physical exertion. But we both maintain control over our asthma by trying to reduce or manage our triggers and also by having access to our medications.

There are two basic types of medications—this is sort of a primer on asthma for you—there are what we call controller medications, which we take in the morning and

at night. It's an inhaled corticosteroid that, for lack of a better term, coats our airways so they're less likely to become inflamed. Then we have what are called rescuer medications or reliever medications—often people call them Ventolin—orange puffers and blue puffers. What we're talking about today are blue puffers. That is what we're talking about when, even if you have controlled asthma, you can have an exacerbation because you encounter a trigger you didn't expect, undergo stress or there's something that is happening. So, even though you might be well controlled, you still have an asthma attack. It's like a lung attack. I often describe an asthma attack as feeling like I'm drowning. I can't get air into my body and I can't expel it from my body. The airways inflame, expand and contract so that they're very tiny and you can't push the air in or out. You feel like you're drowning.

What the rescuer inhaler does is it immediately causes the muscles to relax, and then you can get air in. If you can't get to your reliever inhaler you often have a very stressful moment, and stress has been proven to actually increase the level of and heighten the exacerbation. It is a trigger in and of itself.

We currently have no standardized policy in Ontario for access to medications within the schools. Some schools allow children to have their puffers, some boards allow it and some boards don't. Some allow teachers to hold on to it; others require them to be locked up in the principal's office.

In 2010 we did a survey of National Asthma Patient Alliance's parents, many of whom are parents of children with asthma. They told us that access to medications at school for their children was a key policy item for them. They believe very strongly that their children may be at risk due to school policies that don't allow kids to have their medication with them. They further acknowledged that they believe their children, with only one exception, can handle their medication. These are kids who grow up with asthma. They're not late-adult onset. They use spacers when they're very young and their inhaler technique, as Carole Madeley was showing you, is actually quite good—better than mine. Well, mine is pretty good. I sometimes use a spacer myself. But children have the best technique. They know it's medicine. They know it's not a toy. We have never had an experience of a child using it as a toy. We've never had documentation of a child over-inhaling their medications.

Over 97% of parents felt that their children should have access to medications in schools, and we believe that parents know their own children best. They also indicated that it was either "very important" or "important" at that 97% level. They know that their children know how to use inhalers, and they know that they're part of an asthma action plan, worked out and approved by a child's physician. This bill proposes, very easily—it's not difficult—that if a child has the permission of a parent or guardian to carry their puffer and they have a written asthma action plan, signed off and prepared under a physician's care, then they should be able to have their puffer with them, and we agree.

Of course, teacher training is important. They should understand asthma, and this bill envisions that a school has an asthma action plan for itself, about educating teachers, educating the community about asthma, because almost one in five children do have asthma. It's part of their life.

We're also pleased that Bill 135 recognizes that principals have a role in making their schools asthma- and allergy-friendly, monitoring sources of common triggers like mould or dust or pollens, communicating with the school community about asthma, and we think it is now a good and timely bill.

We are going to be suggesting one amendment, and it's in your kits there. We have a concern about a slight ambiguity, and I think the principal was telling us this. In subsection 2(2), paragraph 4, under "Contents of asthma policy," it states, "A requirement that every school principal develop an individual plan for each pupil who has asthma. The plan must be developed under the direction of the pupil's physician."

We actually agree with the principals that they should not be writing these plans. A physician should write these plans, and there's a sample of one in the kits we have given you, which is an asthma action plan. We believe that physicians are responsible for signing off on it, to understand how worsening happens and how medication needs to be changed, but that the principal should simply require both parental permission and a copy of the plan signed off by the physician and have that in their person.

I'm just noting that I wouldn't agree with the principal that you have to have backup medication in the office. Many insurance plans don't cover you to have two puffers at the same time, which is a problem for access to medications.

So we would suggest that the bill be amended, and I hope one of the members will take this on, that that section be changed to a requirement that every school principal receives and holds a physician-approved asthma action plan for each pupil who has asthma.

There is urgency about this bill, and it has to do with the September spike or peak; 20% to 25% of all hospital care for children with asthma happens in a few weeks in September every year, and it's because kids are coming back to school, and schools are risk factors for children with asthma. Kids have been outside playing all summer. They've taken off on a medication vacation, and they haven't been taking their orange puffers, so they're going to need their blue puffers. School is often closed up in the summer. Mould is higher. Asthma triggers are happening. Fall allergy season kicks in right after Labour Day, just when the kids are getting back to school, plus there are more colds and viruses that need to be dealt with.

One last comment, if I may: Other than the member for Oak Ridges–Markham, we're not physicians. You're doing critical work, but you don't often get the chance to save a life as an MPP. Today, you have a chance to save a child's life, and I hope you take it.

The Chair (Mr. Ernie Hardeman): Thank you very much. We now have about three and a half minutes per

caucus, and we start with the government side: Mr. Balkissoon.

Mr. Bas Balkissoon: Thank you very much, Mr. Oliphant. Thank you for being here and giving me lesson 101 on asthma. I greatly appreciate it.

You spoke about 2(2)4 specifically, and that was a concern we had originally, because when you create a law, it becomes a law and it puts a responsibility on to the principal, which leaves itself wide open that the principal has taken on a serious responsibility, one that carries a lot of stress on his shoulders. I think your comment that that needs to be reversed is the same as what the principals were saying about it. So, in essence, you do agree with the principals that this particular act that we have in front of us, if we look at it, may require some amendments.

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Mr. Robert Oliphant: I agree that there's a slight—I think it's a wording problem as opposed to a substantive problem. I just think it's to clean it up, because we know that asthma action plans are out there. Doctors do them with their patients all the time, and we know that if you've got one, it's better. So the kids are going to have them, and this makes it easy for the principals to incorporate, which also makes, I believe, asthma management different from epilepsy, anaphylaxis or diabetes. We have a different system for the way we deal with asthma worsenings than those other diseases. So this embeds in this bill a way that we are already doing it and that physicians are very familiar with.

Mr. Bas Balkissoon: I don't disagree with you, but seeing that we have many school boards across the province—and as the principal explained, currently we have some inconsistencies—we need to do it right to make sure we're consistent across the system, because it's now a law; it's not a policy. I just want to hear your comments.

Mr. Robert Oliphant: I think this cleans it up. I think it's well done—and the opportunity to applaud the member who brought the bill forward, because we have been at this the whole time this government has been in place and have been unsuccessful at getting this done. This member has brought forward a very important bill that I know the people of Ontario will stand behind. There's a million Ontarians who have asthma, and they're going to care about this bill. So I think that all members from all parties have the opportunity to support it.

Mr. Bas Balkissoon: Thank you very much.

The Chair (Mr. Ernie Hardeman): Thank you. Mr. Yurek.

Mr. Jeff Yurek: Thank you, Chair. Thanks for your presentation. Just a couple of quick questions: Do you think maybe we should hold back Ryan's Law and wait till the government creates an all-encompassing umbrella for all the disease states?

Mr. Robert Oliphant: I don't think there's anybody in here who doesn't know I'm a supporter of this government. At the same time, I would call upon the Legislature

and members of the Legislature to use their legislative ability to move this quickly.

We can't wait. One death is too many. I honestly believe that the stress of not having a little puffer like this is quite likely going to kill a child this fall, and I think we can stop that in Ontario. We've been after it for years. Absolutely, we support having a chronic illness plan for each chronic illness that affects children in schools: diabetes, epilepsy, anaphylaxis and others, I'm sure.

This is easy to do. This is a relatively common illness, with high capacity for children to—it's self-managed, as you said earlier, and children will actually be able to respect this rule. And I think it will help the other disease groups as we blend those new requirements in over time.

Mr. Jeff Yurek: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you. Mr. Mantha.

Mr. Michael Mantha: Thank you so much for your presentation. Actually, I'm sorry; I missed the beginning of your presentation. I went outside to talk to the principal to get some clarification in regard to some of his concerns, which you've clearly answered. Your suggestion to the amendment really would answer the questions that we were talking about outside.

I'm looking at your action plan here. Can you walk me through it?

Mr. Robert Oliphant: Sure. That's one example. There are a variety of asthma action plans. We have them on our website as well. This is a plan that anybody—child or adult with asthma—should have. Usually, we use colours—and I believe the lung association has similar colours—green, yellow and red, and that is when you should take your medications and how you should do it. Right now, I have a cold, so I have used my blue puffer a little bit more than I normally would because I'm prone to bronchitis, and if I can use a reliever quickly, it will actually stop that. So that would be in my yellow zone and it would take my reliever before I had an asthma attack. That's an example of an asthma action plan that you work out with the doctor who says, "What is your normal experience of a cold? What are your normal experiences when you exercise? What is your normal experience of doing that?"

Many children, before they have physical education, should probably take two puffs from their puffer—not all children, because that, again, will depend on the child and whether or not exercise exacerbates their asthma or not. But that's the kind of thing you do. It's green, yellow and red. It's fairly easy, but it's intuitive too. Children know. Children know their bodies, and when you can't breathe, you do something about it.

Mr. Michael Mantha: So is something like this provided to the school or to the parent—

Mr. Robert Oliphant: To the physician. Physicians, often, will have their own design of the asthma action plan. They use ours. They use the lung association's. They've got stuff they take off the Internet from Australia, from the UK. They have one, they sign off on it, give it to the patient, and then the patient would make a

copy of it, give it to the principal and say, "Here's my letter from my mom or my dad or my guardian. I have permission to have my puffer. Here's my asthma action plan. File them together so you know that I am mindful of my asthma." Then there's no problem with having, say, a definition of asthma, because you can't get one of these if you don't have asthma.

Mr. Michael Mantha: Your urgency was heard loud and clear. Thank you very much.

Mr. Robert Oliphant: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. It's much appreciated and helpful for us.

EPILEPSY ONTARIO

The Chair (Mr. Ernie Hardeman): Our next presentation is Epilepsy Ontario: Rozalyn Werner-Arcé, executive director. Arsee?

Ms. Rozalyn Werner-Arcé: Arcé.

The Chair (Mr. Ernie Hardeman): That's my name, too, only I spell it differently. Welcome.

Ms. Rozalyn Werner-Arcé: Great.

The Chair (Mr. Ernie Hardeman): It's good to have you here this afternoon. You will have 10 minutes to make your presentation, and following that, we'll have 10 minutes of questions and comments from the caucuses. With that, the next 10 minutes are yours.

Ms. Rozalyn Werner-Arcé: Thank you very much. Good afternoon. As mentioned, my name is Rozalyn Werner-Arcé, and I'm the executive director at Epilepsy Ontario. Epilepsy Ontario is a charitable organization dedicated to improving the quality of life for people with epilepsy and to leading societal change through a strong provincial advocacy voice, mobilizing knowledge and building capacity with epilepsy agencies, people with epilepsy, health professionals, researchers, government and community partners. Thank you very much for this opportunity to speak to Bill 135, An Act to protect pupils with asthma.

There are 65,000 Ontarians with epilepsy, 10,000 of whom are children. I'm here today representing a segment of those 10,000 children who, at some point, may require rescue medication to be administered at school.

Epilepsy Ontario acknowledges that, sadly, there is indeed a need to legislate policy so that children with medical conditions like asthma or epilepsy are safe in schools. Epilepsy Ontario supports the intent behind the bill; the protection of children with asthma is something with which no one can argue. Epilepsy Ontario hopes that no other child dies as a result of inadequate response protocols. Children with asthma must be protected, as well as children with other medical conditions, and that is why we are here today: to bring to the committee's attention the need for encompassing legislation for medical conditions such as epilepsy, asthma, anaphylaxis and diabetes.

Epilepsy is one of the most common neurological disorders in childhood. It's characterized by recurrent,

unprovoked seizures. In most cases, a seizure is not a medical emergency. Typically, seizures run their course and end naturally in seconds or a few minutes. However, prolonged seizures that last longer than five minutes or seizures that repeat without recovery in between can indicate a life-threatening situation known as status epilepticus. Prompt administration of an anticonvulsant is the most effective treatment for status epilepticus. The sooner an anticonvulsant is administered, the greater its efficacy in terminating a prolonged seizure. If an episode of status epilepticus is not terminated early, it can result in permanent neurological damage, injury to other organs, or death.

Children and youth with epilepsy who have an increased risk of status epilepticus may be prescribed a rescue medication such as lorazepam or midazolam. This type of medication acts quickly to terminate a seizure and is more effective when administered early, according to the guidelines of the treating health care professional, than if administration is delayed. Prompt treatment can mean the difference between life and death. Another way to think about it: Rescue medications for students with epilepsy are what an EpiPen is to students with severe allergies or what an inhaler is to a student with asthma.

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So what's happening in schools today? Well, despite written doctor's orders and parental wishes, staff may, and do, refuse to provide rescue medication for students with epilepsy. To our knowledge, there are only two boards, Halton District School Board and Halton Catholic District School Board, that have developed seizure protocols for children with epilepsy, although we have also recently learned that the Toronto District School Board has started the process for creating a seizure protocol and invited Epilepsy Toronto and Epilepsy Ontario to be part of the process.

What this means, though, is that the initial response a family will see from their child's school when the rescue medication is prescribed is inconsistent across the province. Some parents have been met with support from their principals and teachers. Other families have experienced resistance and unwillingness to administer the medication if the situation arose.

Let me share with you a couple of examples. One family was offered home schooling until a protocol was put in place. The family was then offered an alternative schooling arrangement, which the family refused, as they wanted their child to go to their local school like any other child.

In another, more recent situation, a family is having difficulty getting their school board to agree to administer rescue medication for their son, who is in grade 9. The local epilepsy agency has offered to provide training and education to the school as well as to arrange to have a nurse come in to provide instruction. To date, the school board has refused.

The student has two to three seizures per week and about once a month may need to have a rescue medication administered. At the moment, he has an older sister

at the school. She gets called out of class when he has a seizure, and if he needs a rescue medication, she administers it. She then stays with him until he has recovered. This means that she is missing out on instruction every time this happens, and she is going to graduate next year.

Switching schools isn't an option. The school that this student attends provides both technical and academic instruction with an emphasis on job training, and there are no other secondary schools in the area with a similar curriculum. So what is the family to do?

Some families are savvy and know how to navigate the system. Others are connected to local agencies or have networks they can lean on to support them in advocating for their sons and daughters. But in the end, families shouldn't have to do this. They are already tired, stressed and dealing with anxiety. This additional burden can be overwhelming.

Shouldn't school be a place where families can feel that their sons and daughters are safe? Students with epilepsy should have the right to go to school and be safe. Parents should have peace of mind knowing that if a seizure emergency occurs, their child will receive the necessary medication to avoid life-threatening situations. Parents across the province shouldn't have to fight for this. We need legislation that enforces appropriate policies and procedures to ensure that students with epilepsy are protected.

We believe that all-encompassing legislation that includes a number of medical conditions is required. Epilepsy Ontario has met with MPPs from all three parties, and all suggested—and, indeed, indicated their support for—such action.

Epilepsy Ontario was pleased to hear the Minister of Education's statement in the Legislature last Thursday announcing that a review will be undertaken by the Ontario Physical and Health Education Association. This is a good first step, yet there is much more work to be done, and it needs to be done expeditiously.

Epilepsy Ontario is recommending that, based on the outcomes of the OPHEA review, the legislative body put forth an amendment to Bill 3, Sabrina's Law, and/or Bill 135, if it's passed, or draft new legislation to include all those conditions where a child requires rescue medications. We also recommend that the Ministry of Education provide a memorandum to boards to develop protocols similar to anaphylaxis for all conditions that may require emergency or ongoing intervention, and that the Ministries of Education and Health work with district school boards to provide training for staff as per policy/program memorandum 81.

In summary, Epilepsy Ontario welcomes the opportunity to work collaboratively with representatives from other conditions and with government to move this forward swiftly. We are committed to improving the lives of children with epilepsy and their families, and having legislation in place that protects children with medical conditions in school will go a long way to achieving that goal. Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We'll now have three and a

half minutes from each caucus, starting with the official opposition. Mr. Yurek.

Mr. Jeff Yurek: Thank you for your presentation. I was one of those MPPs you visited, and it was quite a meeting.

I do want to say, I think we should commend the Halton district school boards for their work with health with our students. They were the ones that actually—you could probably mimic what Ryan's Law is with what they had in their school boards for some period of time. They actually did a needs assessment with their schools at the time and found that the biggest problem for children with asthma in our school system was, in fact, access to inhalers. They seem to be above the curve when it comes to where our Legislature needs to be. So I want to commend Halton school boards, and thank you for adding in their reports here. I think that's very beneficial.

I just want to say that hopefully we'll have Bill 135 passed within the next month, and I'm more than willing to help the government, however quick as possible, pass a law regarding epilepsy and diabetes. But I hope you would agree that: Let's get Ryan's Law completed. Let's not wait. Let's get that done and go forward with the epilepsy.

Ms. Rozalyn Werner-Arcé: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you. Ms. Taylor.

Miss Monique Taylor: Thank you so much for your presentation today and for making sure that you're bringing the epilepsy voice to the table, knowing that it's prevalent and that it's something that needs to be addressed. We all want our children to be safe when they go to school, and we need to find ways to make sure that their health is cared for so that we don't have incidents like this happening.

I think that the training that is going to go into administering the drugs that are necessary for epilepsy is so very different from self-administering a puffer, which is my first thought. If we can get this through and we can easily train people—because, as we've heard, it's the children who are already trained before they come to school to be able to self-administer. That's, I think, the difference of how we move forward.

But, of course, we need to figure out a way how to deal with all situations across the boards, and maybe, quite possibly, putting it back to the principals and what they're saying: that maybe it's not the boards who need to make these decisions; maybe it has to be a ministry decision so it's the same across the province to make sure that all boards have the same rules and that principals then have something solid to follow on.

Thank you so much. I look forward to how we're going to push the envelope further for epilepsy to make sure that our students are safe at school.

Ms. Rozalyn Werner-Arcé: Great. Thank you. If I could just add, there certainly could be a role for regional or district health nurses to come in and be doing that training. That resource is there, and they can come into schools and do it.

Miss Monique Taylor: I remember that we used to have nurses at school.

Ms. Rozalyn Werner-Arcé: Yes, I do too.

Miss Monique Taylor: Yes, they were always very helpful. They would be great in this case. Thank you.

Ms. Rozalyn Werner-Arcé: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you. Mr. Balkissoon.

Mr. Bas Balkissoon: Thank you very much for being here and sharing your thoughts with us. I'm looking at your recommendations, and I clearly understand bullet point 1, which is to go back and amend Sabrina's Law and Ryan's Law, when we add epilepsy and diabetes and anything other than that, or draft a complete new piece of legislation that is all-encompassing. But it's your second bullet point—I really want to understand that recommendation that you put in there. Is that something you're looking at as an interim measure? Because it basically says that the Ministry of Education issue a memorandum to all the boards asking them to do certain things, which is a memorandum; it's not law. The boards may accommodate. In saying that, are you aware of any board out there that has what I would call best practice?

Ms. Rozalyn Werner-Arcé: Sure. I mean, we're looking for something stronger than a recommendation to school boards. As I mentioned earlier, it's really inconsistent across school boards, from school to school, quite frankly, about the kind of support that families can expect. An interim measure in having memoranda and reminding school boards that it should be part of their policies would be wonderful. We'd like to see that, but we think there needs to be something stronger behind that.

So, yes, I would absolutely recommend looking at the Halton District School Board and their policy. If I may, one of our volunteers was a superintendent at the Halton District School Board, and she herself, actually, had epilepsy—still does have epilepsy—and was involved in leading the drafting of that policy.

Mr. Bas Balkissoon: Okay. Thank you very much. Thank you for being here.

Ms. Rozalyn Werner-Arcé: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. It's much appreciated.

Ms. Rozalyn Werner-Arcé: Great. Thank you very much.

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MS. NICOLA THOMAS

The Chair (Mr. Ernie Hardeman): Our next presenter is Nicola Thomas. Thank you very much for being here this afternoon.

Ms. Nicola Thomas: Thank you.

The Chair (Mr. Ernie Hardeman): As with the previous delegations, you will have 10 minutes to make your presentation. After that, we'll have about three and a half minutes from each caucus to make any questions or comments to your presentation.

With that, the time starts now.

Ms. Nicola Thomas: Thank you very much for the opportunity today to come to speak with you about this very important bill, Ryan's Law. I come to you today as a professor of health science. I hold an academic position with St. Lawrence College, and I am also a certified asthma educator in pediatrics. I have been a pediatric nurse for the past 23 years—hard to believe when I'm only 29.

This is just my presentation outline. I am here today to talk to you a little bit about my support of this legislation and some study results that were part of my thesis work, and to provide you with a little bit of background and context. I'm going to try to do all of that in 10 minutes.

Parental concern of school management practices is the most common cause of anxiety for parents in my clinical practice as a pediatric asthma educator. We have already heard that asthma is the most common disease of childhood, and that is true. It affects 20% of children living in Ontario. We have half a million children currently living with this disease.

We know that the prevalence has been increasing among school-aged children, and that the prevalence has increased dramatically since the 1980s. We also know that the school context is crucial for asthma management practices, because of children spending 30% of their waking hours within the school system, but also, schools are the only institution that can reach almost all children and youth.

We also know that suboptimal practices with asthma management or delays in emergency room treatment result in exacerbation and even death. An Australian study looked at 51 deaths; 68% of those were directly related to inadequate training and assessment. In a US study, also of children's deaths, one third of children's cries for help were ignored as they went into respiratory arrest. The delays in help were that (1) they were not identified as having asthma, and (2) they were having their puffers locked in the office.

We know that the background to this has been long coming. After the death of an adolescent, there was a coroner's inquest and chief medical officer report that deemed that schools needed to be more asthma-friendly. In 2001, the Ministry of Health and Long-Term Care convened an expert panel and working groups to commission and put together an asthma plan of action, which was an evidence-based guideline.

There were 13 initiatives, and one of these was a public health school asthma pilot project. Out of this came a thorough assessment which found that 80% of teachers did not feel comfortable managing asthma in schools, 50% of schools had no procedure to identify, only 44% of students within the five regions—170 public schools—were allowed to carry their puffer on them, and only 54% of schools had a plan for managing worsening asthma.

The public health pilot project ran over a three-year period and was successful in many regards. It was important that education work with health care. We need a multi-level system. It was a dual-pronged approach.

We know that there is support within Ontario education law that outlines that parents should be identifying their children, but that the school is not without responsibility. Despite the availability of resources that came with publications through the public health pilot project, where OPHEA was also involved in the creations of these tools, and although this asthma-friendly school, as outlined by the coroner's inquest and chief medical officer's report—despite this evidence, we have a child who has died.

I'd like to talk a little about what has happened in our region of Ontario. We know that within the two school boards in the southeastern region, none of them had an asthma-friendly school policy that met all the requirements outlined by Ryan's Law. There was no standard procedure or tools to safely manage asthma within the school setting.

We have been told that the boards have said it is the principals who are the gatekeepers of policies and procedures, and they decide how things run in their school. But when asked about asthma management practices in the southeastern part of Ontario, 53% of principals said that only they were responsible, followed by 20% who said no single individual is responsible.

We had a total of 20,000 students within our study, and 647 of them were identified as having asthma; that's a 3.4% prevalence rate, which means we should actually have 4,200 students with asthma that are not being identified. We know that these children are put further at risk not being identified but having no standard process in place.

When asked how asthma was identified within the school boards, it was a realm of all different sorts of responses. When asked later and interviewed, several principals said, "Wow, I was really surprised. I didn't know about her. I really had to hunt to see who had asthma in my school." There was no standard process.

We know that 60% of the school boards within our study did not have training in place to recognize and respond to asthma emergencies and exacerbations. Given the fact that these children are not being identified and the severity of asthma and the potential for death, this is a huge concern.

We know that within school settings, 30% of students did not have an asthma management plan on file, and only 18% of students identified had an asthma management plan on file. These management plans are the staple of education. They are step-by-step to guide and keep kids safe. Only 3% of students who are identified as having asthma within the school said they had a plan, but what about the 17% that have not been identified?

We know that actually in our region, we scored quite high. There was a policy in place for students to be able to carry and self-administer their medication followed by a policy in place to inform students and parents of this policy. But when asked, principals said, "Well, it depends. If children are under grade 7, we keep their puffer for them. We have to determine if they can use it

appropriately.” We know that only two schools out of 61 that were surveyed in our region met the asthma-friendly school criteria as outlined by Ryan’s Law.

Whereas Ontario was the international leader for anaphylaxis legislation—the US looked to Canada for how to implement anaphylaxis—we know that we’re lagging behind on this issue. The US, the UK, Australia and New Zealand all have asthma-friendly legislation in place. Ryan’s Law will address all the CMO recommendations from back in 2000, and it does align with best practice. We know that Ryan’s Law will foster community partnership and develop healthy public policy. It will allow for the evidence-based tools that were part of the APA, the Asthma Plan of Action, to become standard across Ontario, and it will allow for streamlining of procedures.

Currently, there are too many gaps in service. We are not receiving a passing grade. Children are at risk every day, and I would ask this committee to pass this legislation and move it forward.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We now have three and a half minutes from each party. This one will be started with the third party. Mr. Mantha.

Mr. Michael Mantha: Wow. I’ve learned more in your presentation than I’ve probably been exposed to in my entire life.

Why do you think the resistance is there for children having their puffers? I just want to try and understand. We’ve heard from earlier presenters that this is medication, the child knows how to use this, and there have been no incidents documented where they’ve actually abused it. Why would there be a resistance to letting kids self-administer their medication?

Ms. Nicola Thomas: In the Asthma Plan of Action, the public health school pilot project that was undertaken by the Ministry of Health, they asked that question on their survey. There were actually letters sent home to parents saying that medicine is not allowed in schools, flat out. There was the perception—and the lack of confidence—that teachers didn’t want it because they didn’t know how to deal with it. They were lacking in confidence.

We know that children are able to use their medication. I had a six-year-old who I looked after, developed a plan for and worked with her family. She came up one day coughing, and her mom said, “You know, Sabrina”—for lack of a better name—“your asthma is out of control. I can hear you coughing.” She said, “Oh, Mom, I’m all over it. I upped my medication. I’m in the yellows on my action plan.” So kids are not going around abusing their medications.

Mr. Michael Mantha: I can relate to that because I have my niece who has a vision problem. She has her glasses and, trust me, she broke her \$600 pair of glasses, and when she couldn’t play her games after that, she stopped breaking them and she cares for them now.

Is it pure ignorance that people don’t understand or aren’t prepared or educated to having kids administer their own medication?

Ms. Nicola Thomas: I think that is maybe part of the issue. The other part is that there is a belief out there that asthma is benign: “Ah, you have asthma? Sit on the bench, wheeze a little bit and you’ll be fine tomorrow.” There is this perception that you cannot die from asthma, and we know that that is not the case.

Mr. Michael Mantha: What are the chances—I don’t want to steal your work—of getting an executive presentation of that report, just so I can have it for my own information?

Ms. Nicola Thomas: We can talk about that.

Mr. Michael Mantha: Thank you very much.

The Chair (Mr. Ernie Hardeman): Thank you—

Ms. Nicola Thomas: Oh, can I just—the other reason is that the principal will decide how asthma is managed in the school. If the principal decides that a puffer is the same as oral medication, it is confiscated and locked in the drawer. That was the other reason.

The Chair (Mr. Ernie Hardeman): Okay. The government, Mr. Balkissoon?

Mr. Bas Balkissoon: Thank you, Mr. Chair. I really don’t have any significant question. I just want to thank you for taking the time to come out and share with us all your research so that we can better understand the problem.

Ms. Nicola Thomas: Thank you.

The Chair (Mr. Ernie Hardeman): Thank you. Nothing more? Mr. Yurek.

Mr. Jeff Yurek: Thanks for your presentation. You can’t go yet.

Ms. Nicola Thomas: Okay.

Mr. Jeff Yurek: It was very informative. What I found very interesting is that the government of Ontario, whichever party is in charge, has been studying this since 1999. Do you think 15 years of study is about enough time?

Ms. Nicola Thomas: Yes. I think we need to move forward on this. All the states in the US, as of 2011, have legislation in place to protect children in the schools. The reason why is because a child died and there was a lawsuit.

Mr. Jeff Yurek: Would you think that we should go forward, pass Ryan’s Law, get it into our school system, and then let OPHEA take the money they’ve got to study the issue and put it towards epilepsy and diabetes so they’d have more resources to study those?

Ms. Nicola Thomas: I fully agree. There has been a comprehensive assessment of asthma management practices through the APA. I think that September is coming and we need to move this legislation through. This is a very important issue.

Mr. Jeff Yurek: I thank you for your knowledge and your leadership. Thank you very much.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. It will be helpful as we consider the bill.

Ms. Nicola Thomas: Could I just—I’m sorry, Mr. Chair.

The Chair (Mr. Ernie Hardeman): Yes.

Ms. Nicola Thomas: In the packages from the Ontario Lung Association, there is a student management plan which was developed as part of the APA. It's specifically for children in schools. It outlines what to do in the event of an exacerbation and when 911 needs to be called.

The Chair (Mr. Ernie Hardeman): Thank you very much.

For the committee's information, our next delegation is not yet here. Because everybody was so distinct with their questions today, they didn't use all their time. So we just have to wait 10 minutes to make sure—waiting for our last delegation. The committee will recess for 10 minutes.

The committee recessed from 1724 to 1737.

ONTARIO PHYSICAL AND HEALTH EDUCATION ASSOCIATION

The Chair (Mr. Ernie Hardeman): I call the committee meeting back to order. Our presenter has arrived. The next presenter is the Ontario Physical and Health Education Association: Chris Markham, executive director and chief executive officer. Mr. Markham, welcome, and thank you very much for taking time to come here and talk to us today. You will have 10 minutes to make a presentation. Following that 10 minutes, we will have three and a half minutes per caucus to ask questions or comments about your presentation. With that, your 10 minutes is starting right now.

Mr. Chris Markham: Thank you very much. As you had mentioned, my name is Chris Markham, and I'm the executive director and CEO of OPHEA. Today, I'm tabling OPHEA's position with regard to Bill 135. I'll just put on the table that OPHEA believes that Bill 135 does not go far enough.

A bit about OPHEA: Since 1921, OPHEA has been working to support the health and learning of children and youth across the province of Ontario. As you may be aware, OPHEA is a not-for-profit organization that is led by the vision that all kids in the province of Ontario will value and enjoy the lifelong benefits of healthy, active living. As an organization, we work with all 5,000 schools across the province of Ontario, all 72 school boards, 36 public health units, and we work in both English and French on a number of healthy, active living initiatives.

Our direct connection to asthma has been made through our connection with the Asthma Plan of Action, through the School-Based Approaches to Asthma project, as well as the role of provincial coordinator for the Public Health School Asthma Program. Over this period—and this has been a 10-year period that we've worked on this—we have worked together with key partners across the province on the development of programs, services and resources designed to increase the skill and the knowledge of child care providers, administrators, educators and school staff about asthma management in schools.

As it relates to Bill 135 directly, we are absolutely—and I would say this as a parent as well—devastated, saddened by the death of Ryan Gibbons. We completely applaud Sandra Gibbons's courage, passion and drive to move things forward to help other children. However, it is still OPHEA's position that we do not think that Bill 135 goes far enough in protecting our kids.

We know that one in five students in Ontario has asthma and that schools play a very important role in terms of managing this condition. We also appreciate, given that we work with all school boards and schools across the province of Ontario, that there are a number of other medical conditions that exist in Ontario schools, such as anaphylaxis, type 1 diabetes, epilepsy and more. The incidence of those medical conditions within school environments is staggering.

The government has passed legislation in the past to ensure that all school boards have policies and/or procedures in place to address anaphylaxis through Sabrina's Law. However, the outlook for developing legislation for every medical condition is not only impractical but extremely unlikely and unworkable within the school environment.

A comprehensive approach—and this is our approach—to the management of multiple medical conditions would be much less onerous for school boards and schools across the province of Ontario and consistent with Ontario's framework for preventing and managing chronic disease.

That's the advice we have provided the government in general. We have met with MPP Yurek, and I applaud his efforts to move things forward. We have also written a letter to the Minister of Education on January 24, and that has been circulated as well, along with multiple education partners—and the list is on the letter. We have written to the Ministry of Education asking for the government to take a comprehensive approach to the management of multiple medical conditions so that all students with medical conditions can be protected. I have provided a copy of that letter, and that's with you.

Very quickly with respect to why a comprehensive approach to the management of multiple medical conditions, we have been advocating for an emergency response policy and implementation plan that ensures schools are appropriately equipped to respond in the case of medical emergencies for multiple conditions. We've been doing this since 2013, when we submitted a proposal to the Ministry of Education, based on our perspective of the Ontario education landscape, calling for a needs assessment.

Through our work with the public health school asthma project—and again, this is something that we've been working on with the Ministry of Health and Long-Term Care for 10 years—we have raised some preliminary questions with school boards and school board leaders across the province which uncovered that not many have the policies or tools in place to support asthma management, or the management of other medical conditions, for that matter. The experience of the

Public Health School Asthma Program over the past 10 years for OPHEA has indicated to us that school boards lack the capacity to address asthma as a stand-alone issue.

In conclusion, we're pleased that the Ministry of Education is supporting OPHEA by providing OPHEA with the resources to conduct a needs assessment. The purpose of this needs assessment is to gain an understanding of the current policies and practices, medical conditions that school boards currently address, as well as available resources, partnerships and implementation support. We will also specifically be looking at and reviewing how schools deal with the four major prevalent medical conditions, including asthma, anaphylaxis, diabetes and seizure disorders, including epilepsy. We will as well be looking at the identification of other prevalent medical conditions within schools. OPHEA will working with our health and education partners and will submit our recommendations on next steps to the Ministry of Education in January 2015.

We are, as an organization, concerned that there are many incidents of medical conditions that currently exist within the school environment. We feel that stand-alone legislation for every single medical condition is impractical and it's unworkable. Our goal, much like I'm sure everyone else's, is to protect as many students as possible.

That concludes my remarks for today.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We now will have questions from the caucuses. We'll start with the government. Mr. Balkissoon.

Mr. Bas Balkissoon: Thank you very much, Mr. Markham, for being here. Just a quick question: When Sabrina's Law was passed by the Legislature, how long did it take your support organizations here to put in place something in the school boards?

Mr. Chris Markham: I will ask for a point of clarification on that as well. As an organization, we do not have any specific mandate to influence school boards per se.

Mr. Bas Balkissoon: No, that's not my question.

Mr. Chris Markham: Okay.

Mr. Bas Balkissoon: As an organization, you're working with most of the partners in the school board. So I'm just asking: Are you aware of how long it took them to roll out Sabrina's Law?

Mr. Chris Markham: The specific school boards?

Mr. Bas Balkissoon: Yes.

Mr. Chris Markham: I can't say for sure, but I know that on policies that are extremely important to the health and well-being of children and youth and students, it's fairly quick. But again, the Ministry of Education could speak to that better. And by "fairly quick," I mean that if the ministry says something should be set up by a certain point, that's when school boards set things up.

Mr. Bas Balkissoon: Okay. Based on your letter and your presentation, you're basically saying that your work will not be completed until January 2015.

Mr. Chris Markham: The needs assessment, the report, is due to the Ministry of Education in January 2015.

Mr. Bas Balkissoon: One of the presenters requested an interim solution, until you do your complete job and we pass a comprehensive piece of legislation. Can you give us input? What can be done in the interim? Because there's a lot of concern by the interested parties.

Mr. Chris Markham: I think for an interim solution, there may be opportunities to increase the dialogue with school boards and schools across the province with respect to the management of multiple conditions. However, as I'm sure you're well aware, there are large school boards, there are small school boards and there's everything in between, and the number of school boards need different levels of support. Some of the larger school boards may be able to react immediately. There are a number of school boards that are also leading, in terms of current practices. So I think one of the things that could be done immediately is just to increase awareness of the fact that multiple medical conditions currently exist within the school environment and let them know that there's a process in place.

Mr. Bas Balkissoon: My colleague has a question for you.

Mr. Mike Colle: Yes. As a recovering asthmatic, I have got a couple of questions. Given all the expertise there is in schools with phys ed, sometimes involvement with public health nurses—the whole thing—it seems beyond my comprehension why there isn't a health plan already in schools to deal with these sudden and very, very precarious health situations. By the way, I was a teacher, too; I've got a bias there. I taught phys ed and history. So I would want to know how to deal with these crisis outbreaks. I would want to know what my protocol should be, and I would hope that the whole staff would be taking one of their professional development days and maybe using it put in a health protocol. I mean, It's not rocket science. It's like—

The Chair (Mr. Ernie Hardeman): That concludes your time.

Mr. Mike Colle: Okay.

The Chair (Mr. Ernie Hardeman): Thank you very much. Mr. Yurek.

Mr. Jeff Yurek: Thanks for coming in. Did you have the same dissertation to committee when Sabrina's Law was being discussed?

Mr. Chris Markham: I'm going to say, at that point—I believe it was 2006—I was not in the current role that I am now.

Mr. Jeff Yurek: Did OPHEA?

Mr. Chris Markham: I can tell you off the top of my head: I don't know. I would imagine that as it relates to issues around health and well-being, we try to make our position known. So I would hope we would have.

Mr. Jeff Yurek: I just look at your conclusion and I think it's a great—that "our goal is to protect as many students as possible." But by doing what you're doing, that fact is, you seem to be not protecting any at all. I don't get how not letting Ryan's Law go through so that students have their medication on their person—I don't get how that doesn't make sense to you, and why we'd have to wait till 2015 for a needs assessment, let alone

then to go to the ministry to develop. Going your route, we're three, four years away from protecting our students with asthma, and you're saying that the school doesn't have the capacity to bring that alone. All we're doing is saying that principals have a copy of the doctor's action plan and students have their puffers on their body. You need to explain it to me more. It's just not sinking in.

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Mr. Chris Markham: I guess I would suggest to you—what's going to happen in the cases of epilepsy, what's going to happen in the cases of diabetes—

Mr. Jeff Yurek: We're dealing with asthma in Bill 135, so we can talk to Bill 135.

Mr. Chris Markham: No, and I appreciate that.

Mr. Jeff Yurek: I will do an epilepsy one next year if you want. We'll get this done by next spring. Let's do them. Let's get them done.

Mr. Chris Markham: I guess what I'm saying right now is that there's no point in going through multiple years and waiting until incidents happen that are devastating, such as this one, before we decide that schools need a broader, all-encompassing policy or plan to be able to manage multiple conditions.

Mr. Jeff Yurek: I'm not arguing on that point; I agree. However, it seems to me that you don't want Ryan's Law to go forward when we can have this passed and, this September, our kids with asthma can be protected. So we've got a segment protected. With your route, they're not protected. They're not safe in the schools. We're waiting probably four more years, following your—turn around and tell Sandra and explain that to her, because I can't. I tell you, I don't get it.

Mr. Chris Markham: I guess I would challenge you on the four years. Why do you think that?

Mr. Jeff Yurek: Well, it's taken me over a year just to get this far with Ryan's Law. You're just doing a needs assessment. Then you're going to have to do consultations with all the school boards. Then you're going to have to do consultations with the Ministry of Health. Then we're going to have to debate it in the Legislature, and by then, there's probably going to be one election, I believe, and so you're going to have to start all over again. That's why I'm saying "four years."

Let's do it now. Let's do it today. Let's have it in place this September.

The Chair (Mr. Ernie Hardeman): Thank you. The third party: Mr. Mantha.

Mr. Michael Mantha: Your study, basically, going forward, is going to come out in January 2015, which is going to be your needs assessment. Right?

Mr. Chris Markham: Right. That will be the conclusion of the needs assessment. The report recommendations will be provided.

Mr. Michael Mantha: And it has taken us 10 years to get to that point?

Mr. Chris Markham: What I can tell you is that in 2013, we began advocating to the Ministry of Education

for this needs assessment. I can't comment on the four years. I can't comment on 10 years. What I can comment on is the fact that we need a broad policy and it does not make sense to me to continue to address these things in isolation.

Mr. Michael Mantha: For me, what I'm having a hard time swallowing here is that we can actually implement a small change here where it may save a life. Yes, I think that everybody in this room agrees with the fact that we need a more comprehensive approach, but we can do something now. I think that's what we really need to focus on. Yes, we need a comprehensive plan for all of the other illnesses; nobody is disputing that fact. But I think that we can all appreciate the fact that we have an opportunity here. This is a small step. I hope to God that we don't lose a life, but it may save a life, and we should be doing that. We should be taking those steps. As representatives in this room of our communities, we should be making sure that we're taking those steps.

Mr. Chris Markham: If I can respond to that point, I don't disagree with you. I guess what I would be frustrated with, as a taxpayer and as somebody who works in the not-for-profit sector and has to work with government a lot—this should have been done a while ago and it shouldn't have been done in a fashion that specifically related just to asthma.

I think, Jeff, when I met with you a while back, you had mentioned as well that, potentially, the health critic was looking at a diabetes one. That's as ridiculous as the conversation we're having now. If politicians, again, understand the fact that it makes sense to do something comprehensive, why couldn't conversations have happened between the health critics and the education critics to be able to make something that's more encompassing? I guess that's where I struggle, because the potential here is—yes, we will move forward with one more issue-specific thing. The government may or may not fall with this election, and then we're going to have to wait for something really bad to happen to address epilepsy or diabetes or a whole host of issues that we don't know are coming up, and that's also not fair to kids.

Mr. Michael Mantha: I agree with you wholeheartedly. It comes down to focus and where our priorities are. You're absolutely right: This is a discussion we should have had a long time ago.

The Chair (Mr. Ernie Hardeman): Thank you very much for your presentation. We do appreciate you being here.

With that, that concludes our deputations today. I just want to remind the committee that the deadline to file amendments with the committee Clerk is 4 o'clock on Thursday, April 10, 2014. That's the deadline if anyone wants to bring forward amendments to the bill. The next meeting, for clause-by-clause, will be on April 15.

With that, that concludes this afternoon.

The committee adjourned at 1755.

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